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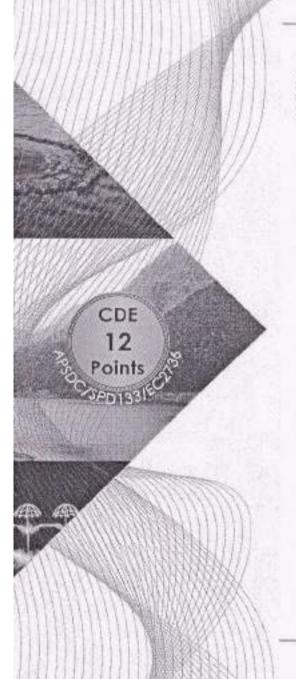
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39th AP State Dental Conference

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Dr. K.Murali Mohan Rao Org.Chairman 7. David

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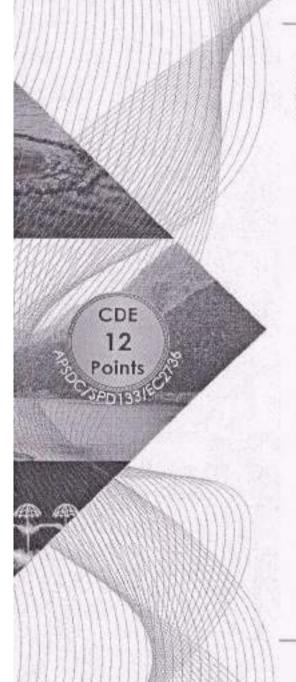
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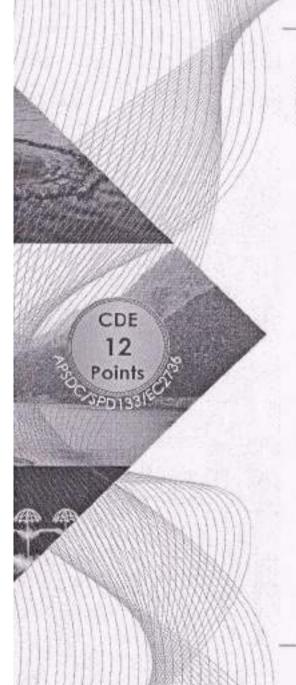
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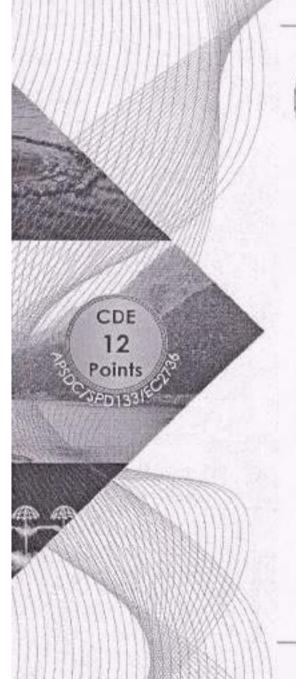
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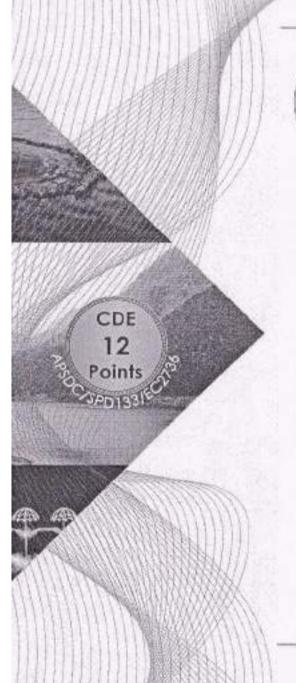
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Dr. Polisetty Naveen

Dr. Polisetty Naveen Hon. Secretary - IDA RJY Talley

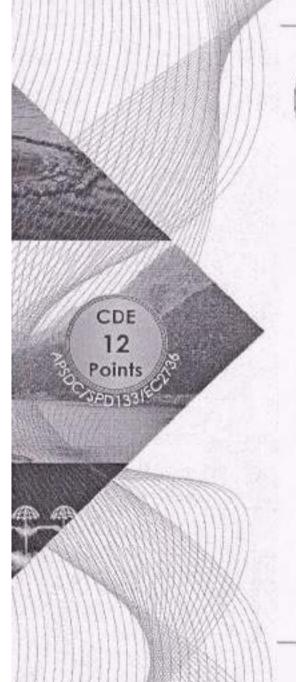
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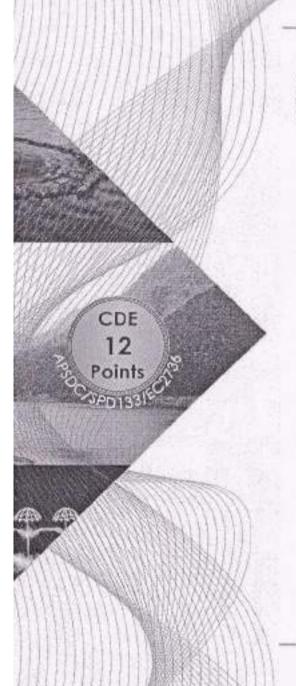
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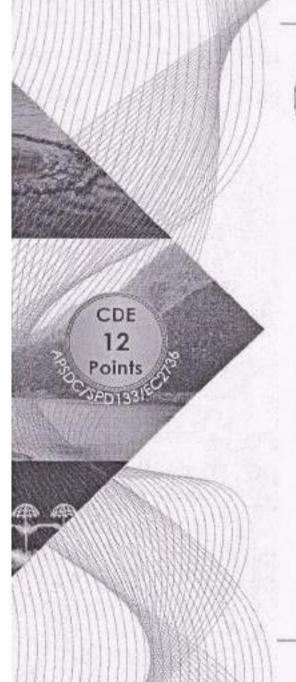
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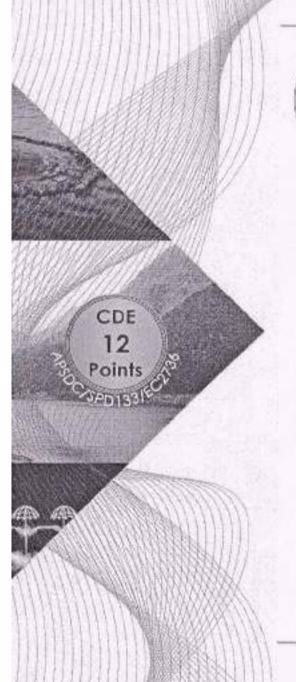
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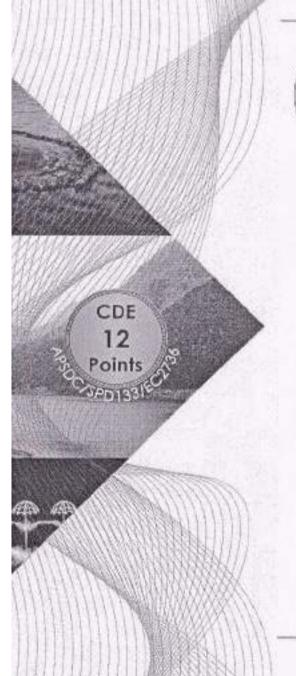
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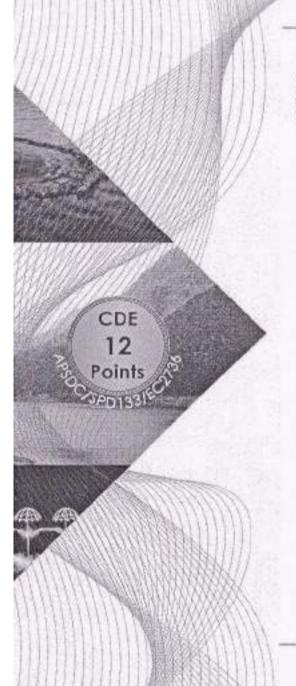
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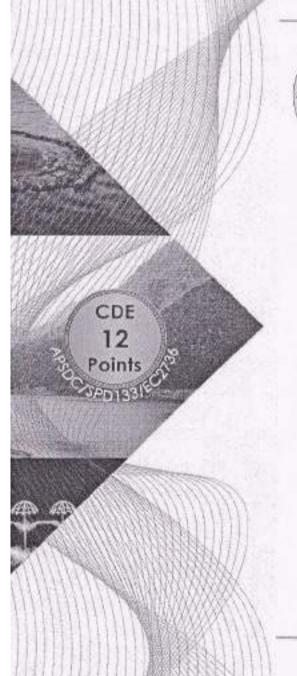
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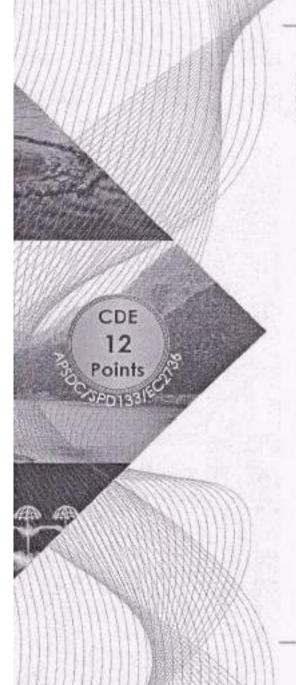
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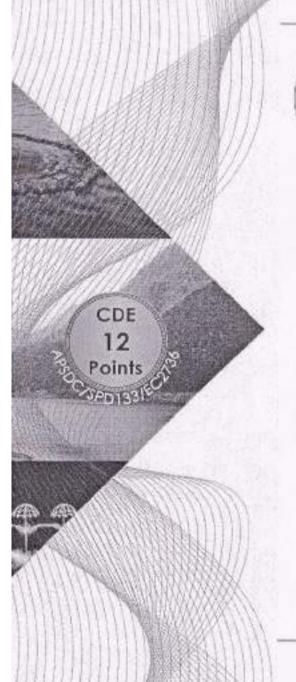
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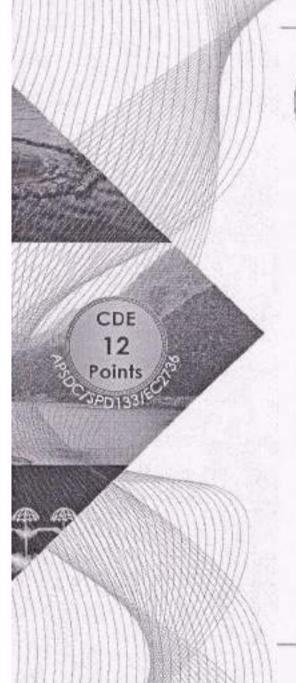
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Dr. K.Murali Mohan Rao Org.Chairman

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Dr. Tirnathi Ramesh President - IDA RJY

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Dr. U.V.R.Chowdary Org.Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

presented to

Or. Ramesh Amirisetty

for attending the 43rd National Annual Conference of Indian Society of Periodontology held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.

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Dr. Abhay Kolte Hon, Secretary ISP A-

Dr. Ashlsh Jain Conference Secretary Nymphea

Dr. Nymphea Pandit Organizing Chairperson 1-R

Dr. Baljit Singh Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

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Department of Public Health Dentistry

THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"

June 22nd & 23rd

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President

Dr.Sabyasachi Saha

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Dr.Naveen Kumar.B

Organizing Chairman

Dr.Narayana Rao.V



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Dr. Naveen Kumar. B

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Dr.Narayana Rao.V



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43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)





VENUE: Chennai Trade Center, Nandambakkam, Chennai

INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

Date: 111 12

October 2018

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DR. DAL SINGH . Y

for being a Judge in the E - Poster Session at the 43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference held on 11th to 13th October 2018 at Chennal. We appreciate your contribution to the success of this conference.

DR. PHILIP MATHEW President, AOMSI

DR. PRITHAM N SHETTY Secretary, AOMSI

Conference Secretary

DR. R. S. NEELAKANDAN

DR. GUNASEELAN RAJAN Organising Chairman

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VENUE: Chennal Trade Center, Nandambakkam, Chennal

43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)







Date: III IZ

October 2018

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DR. DAL SINGH. V

has participated and contributed towards the success of the 43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference held on 11th to 13th October 2018 at Chennai Trade Center, Chennai.

DR. PHILIP MATHEW President, AOMSI

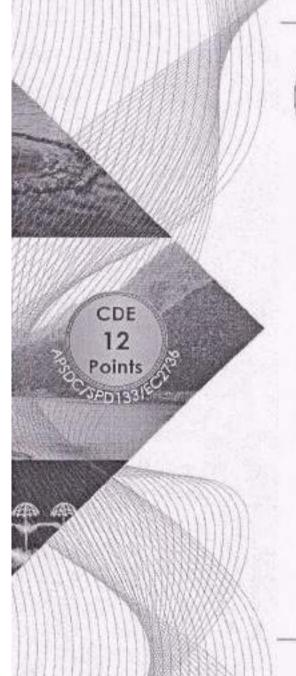
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Presented to

Dr. Minorbabu

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th December 2018 at Cherukuri Convention Centre, Rajahmundry.

11100

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen

Dr. Polisetty Naveen Hon. Secretary - IDA RJY TAUPY

Dr. K. Ajay Benarji Hon. State Secretary

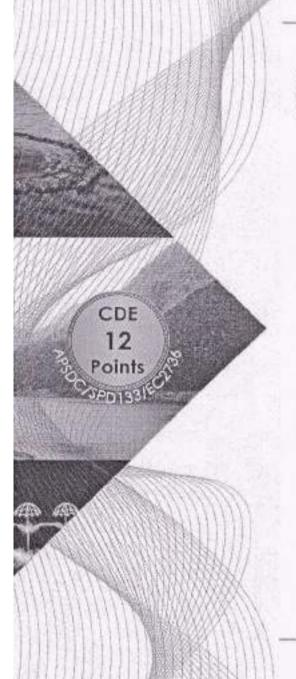
t. The.

Dr. K.Murali Mohan Rao Org.Chairman 7. David

Dr. Tirnathi Ramesh President - IDA RJY

and of and

Dr. U.V.R.Chowdary Org.Secretary





5culpt 3 APSDE CONFERENCE - 2018 Shaping Dentity



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Satyam

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th December 2018 at Cherukuri Convention Centre, Rajahmundry.

1.160

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen

Dr. Polisetty Naveen Hon. Secretary - IDA RJY LAND

Dr. K. Ajay Benarji Hon. State Secretary

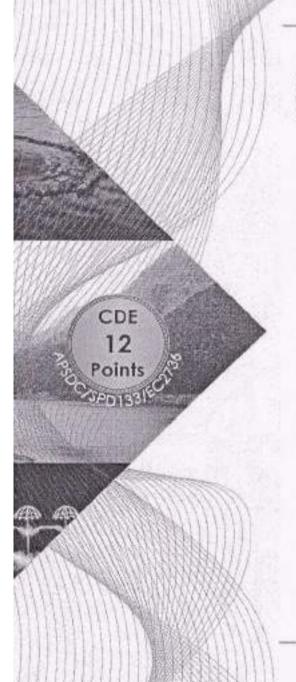
t. The.

Dr. K.Murali Mohan Rao Org.Chairman 7. David

Dr. Tirnathi Ramesh President - IDA RJY

and of and

Dr. U.V.R.Chowdary Org.Secretary





5culpt 3 APSDC CONFERENCE - 2018 Shaping Descripting



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Punitha

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th December 2018 at Cherukuri Convention Centre, Rajahmundry.

1.1.60

Dr. B. Sudhakar Raju State President

Leverpolisetti

Dr. Polisetty Naveen Hon. Secretary - IDA RJY taller

Dr. K. Ajay Benarji Hon. State Secretary

t. Die.

Dr. K.Murali Mohan Rao Org.Chairman 7. David

Dr. Tirnathi Ramesh President - IDA RJY

and grave

Dr. U.V.R.Chowdary Org.Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

presented to

Or. Ramesh Amirisetty

for attending the 43rd National Annual Conference of Indian Society of Periodontology held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.

Dr. Nitin Dani President ISP 1 9

Dr. Abhay Kolte Hon, Secretary ISP A-

Dr. Ashlsh Jain Conference Secretary Nyuphea

Dr. Nymphea Pandit Organizing Chairperson 1-R

Dr. Baljit Singh Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

presented to

r. Rupasree Gundala

for attending the 43rd National Annual Conference of Indian Society of Periodontology held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.

Dr. Nitin Dani President ISP Dr. Abhay Kolte Hon. Secretary ISP

Dr. Ashlsh Jain Conference Secretary

Dr. Nymphea Pandit Organizing Chairperson

Dr. Baljit Singh Organizing Secretary



46TH INDIAN PROSTHODONTIC SOCIETY CONFERENCE MANGALORE, KARNATAKA, INDIA

CERTIFICATE OF PARTICIPATION

Presented to

Dr. T. Mohan

for having attended and contributed towards the success of the 46TH IPS CONFERENCE held in Mangalore, Karnataka, India from 15th to 18th November 2018

Dr. Kashinath K.R. President, IPS

Dr. V Rangurajan Secretary & Treasurer, IP

Or. Chethan Hegde

Dr. Manoj Shetty

Dr. Sanath Shetty





Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

presented to

Or. Ramesh Amirisetty

for attending the 43rd National Annual Conference of Indian Society of Periodontology held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.

Dr. Nitin Dani President ISP 1 9

Dr. Abhay Kolte Hon, Secretary ISP A-

Dr. Ashlsh Jain Conference Secretary Nyuphea

Dr. Nymphea Pandit Organizing Chairperson 1-R

Dr. Baljit Singh Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

presented to

r. Rupasree Gundala

for attending the 43rd National Annual Conference of Indian Society of Periodontology held at Indradhanush Auditorium, Panchkula from 5th to 7th October, 2018.

Dr. Nitin Dani President ISP Dr. Abhay Kolte Hon. Secretary ISP

Dr. Ashlsh Jain Conference Secretary

Dr. Nymphea Pandit Organizing Chairperson

Dr. Baljit Singh Organizing Secretary



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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India. Web: www.lida.ac.in. E-Mail: lidsrejahmundry@gmail.com, PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. N	ame of the Staff Member	: Dr. Akhil
2. D	esignation	: senior futura
	epartment	: of public health dentistic
	nference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
5. Da	te and Duration of the Program	: 19/11/19 to 21/11/19.
		The state of the s
	sociating professional body/ Age	ncy. 47/P+TIP
	ancial support particulars (Rs.)	ran-1
i.	Registration Charges	: 5000]-
ii.	Travelling Allowances	:
iii.	Membership Fee	:
iv.	Others (if any)	:
Date:		Signature of the Staff Member
	No. 15/20	CIII. H
1. Rec	ommendations of the HoD:	My.
2. Rec	ommendations of the IQAC:	our
3. Reco	ommendations of the Principal:	11 6 - 2 11 1
		Sanctioned/ Not Sanctioned
-		Account Department
	00	
A 000	untant :	
1400000		
Date:		

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 12 11/19 Dr. Akhil Debit to Paid to Dr. Akhil a sum of Rs. 5000 Rupees five thousand rupees only Only towards 2380 JAPHD National confuence 5000/by Cheque / DD / Cash



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Web: www.lids.ac.in. E-Mail: lidstrajahmundry@gmail.com. PH-0083-2484492 Fast 0083-2484493

Financial Support Request Letter

1.	Nam	e of the Staff Member	: Dr. Jacob Prakash
2.	Desi	gnation	Prolemor
3.	Depa	artment	: of eval pathology
4.	Conf	erence/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
5.		and Duration of the Program	19/11/23 \$ 21/11/23
6.	Asso	ciating professional body/ Age	ncy: 441941 V
7.	Finar	ncial support particulars (Rs.)	:
	i.	Registration Charges	: 5000
	ii.	Travelling Allowances	
	iii.	Membership Fee	·
	iv.	Others (if any)	*
Da	ite:		Signature of the Staff Member
1.	Reco	ommendations of the HoD :	S. Norranth
2.	Reco	ommendations of the IQAC:_	Rai
Recommendations of the Principal:			
			Sanctioned Not Sanctioned
			Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date :_	12/11/19
	Debit to Pr. J	Tarob Prakarh	
Paid to _	Dr Jacob Prakach	a sum of Rs.	5000-
Rupees	five thousand supees		Only
towards	23rd JAPHD National	confuence	
by Cheque /	DD/Cash 5000 -		
de.	S. W.	and the second s	Coal Bulloust

Approved by

Paid by



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Financial Support Request Letter

1,	Name	of the Staff Member	: Dr. Narayana Rao
2.	Desig	nation	Prolemon
3.	Denar	tment	of conservative and endodortic
4.	Confe	erence/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details: 3rd TAPHD WATERNAL confuence
5. 6.		and Duration of the Program ciating professional body/ Age	: 19/11/19 to 21/11/19
7.		ncial support particulars (Rs.)	
	i.	Registration Charges	: soop/
	ii.	Travelling Allowances	÷
	iii.	Membership Fee	
	iv.	Others (if any)	·
г)ate:		Signature of the Staff Member
_		59 G. W	S. Nicarti
1		ommendations of the HoD :	01:1:
2		ommendations of the IQAC:	
3	. Rec	commendations of the Princip	Sanctioned Not Sanctioned
			Account Department

Accountant :

KLR's LENORA INSTITUTE OF DENTAL SCIENCES
NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date :	12/11/19
	Debit to Dr. Nac	ayana Rao	
Paid to	Or Nacayona Ras	a sum of Rs_	5000/-
Rupees	five thousand rupees		Only
towards _	23rd IAPHD National con	fuence	- A
by Cheque	1DD/Cash5000 -		
Ca			C Que
Paid by	Approved by	Accountant Re	selved by



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Financial Support Request Letter

1.	Nan	ne of the Staff Member	: Dr Naveen Kumpl
2.	Des	ignation	: Brofessor & HOD
3.	Dep	artment	of Public Health deolisty
4.	Con	ference/Publication/Membersh 23×2 National IA	hip Fee/ Workshop /FDP Certificate Details :
			30/11/18-2/12/18
5,		and Duration of the Program	
6.	Asso	ociating professional body/ Age	acy:
7.	Fina	ncial support particulars (Rs.)	1
	i.	Registration Charges	: 5(00 -
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
Da	te:		Signature of the Staff Member
1.	Reco	ommendations of the HoD :	Jeku
2.	Reco	mmendations of the IQAC;	مالا
3.		mmendations of the Principal	(a)-3-
		. (1995, 1995, 1996) 1. (1996) 1. (1996) 1. (1996) 1. (1996) 1. (1996) 1. (1996) 1. (1996) 1. (1996) 1. (1996)	Sanctioned/ Not Sanctioned
E			Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 22/11/18.

Paid to	Defit to Dr. Nau Dr. Mayern Cumar	a sum of Rs_ \$100/-
Rupees_	fire thousand omel one	hundred dupers On
towards_	23rd Nortional IAPHD	Conference
by Cheque	1DD/Cash	

Paid by

Approved by

Accountant

Received by



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Financial Support Request Letter

1. Namo	of the Staff Member	pr. vishwagrakash chety
2. Desig	nation	Profum & Hod Goral pathology
3. Depar	rtment	//
4. Confe	erence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
6. Assoc	and Duration of the Program iating professional body/ Age cial support particulars (Rs.) Registration Charges Travelling Allowances Membership Fee Others (if any)	COOD Vizhughal (31) hohety
Date:		S. Misanth
2. Recon	nmendations of the HoD: nmendations of the IQAC: nmendations of the Principal	Q Cin
_		Account Department

Accountant :

Ž.	Ph: 0883 - 2484492, Fax: 0883 - 2484493
	Date : 12/11/19
	Debit to Dr. Vichwaprakach Shelly
Paid to _	Dr. Vichwaprakach Shetty a sum of Rs 50001-
Rupees_	five thousand ripees Only
towards	23rd TAPHO National confecura
by Cheque /	
low	Abbroved by Accountant Received by
Poid by	Approved by Accountant Received by



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Web: HNSt.lida.ac.in, E-Mail: Hderajahmundry@gmail.com. Pit-0003-2404492.Fax: 0003-2404492.

Financial Support Request Letter

Name of the Staff Member Designation Department Conference/Publication/ Members	Dr. Athil Senior between of Public health dentisty hip Fee/ Workshop/FDP Certificate Details: South AP state Dental ponference
Date and Duration of the Program Associating professional body/ Age Financial support particulars (Rs.)	:7/12/18 to 9/12/18 ncy: 178tati Dental confinence :15001
Registration Charges Travelling Allowances Membership Fee	:
iv. Others (if any) Date:	Signature of the Staff Member
Recommendations of the HoD: Recommendations of the IQAC: Recommendations of the Principal:	S. Nisarth. Quin Sanctioned/ Not Sanctioned

Account Department

Accountant :

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date :_	1/12/18
	Debit to Dr-Akhil		
Pold to _	Dr-Akhil	a sum of Rs.	1500/-
Rupees_	fifteen hundred upees		Only
towards	39th AP State Dental	confuence	
by Cheque 1	DD/Cash 1500/-		
Paul by	Approved by	Pacountant Res	Holin By



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Financial Support Request Letter

1.	Nan	ne of the Staff Member	: Dr. Ruposice
2.	Des	ignation	: Ready
3.	Dep	artment	: of periodontia
4.	Con	ference/Publication/ Membersh	ip Fee/Workshop/FDP Certificate Details: The AP State dental confesence
5.	Date	and Duration of the Program	: 7/12/18 to 9/12/18 mcy: AP state dental conference
7.	Fina	ncial support particulars (Rs.)	*
102	i.	Registration Charges	: 1500/
	ii.	Travelling Allowances	1
	iii.	Membership Fee	:
	iv.	Others (if any)	1
D	ate:		Signature of the Staff Member
1.	Reco	ommendations of the HoD:	S. Nicardo
2		ommendations of the IQAC:	Q VIII
3.		ommendations of the Principal	: Open
			Sanctioned/ Not Sanctioned
			Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 1/12/18 Debit to De Bupasree a sum of Rs. Paid to Dr Rupasrae Only fifteen hundred nipees 39th Ap state Dental conference by Cheque / DD / Cash 1500 -



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Financial Support Request Letter

1.	Nan	ne of the Staff Member	pr. pal singh
2.	Desi	gnation	: Profesor & YOD
3.	Dep	artment	of oral maxillofactal surgery
4.	Con	ference/Publication/ Membersh	nip Fee/Workshop/FDP Certificate Details: 39th AP chate dental conferen
5	Dete	and Duntin of the December	alpha to alealia
5. 6.		and Duration of the Program	: 7/2/18 to 9/12/18 ency: AP state deutal conference
7.	Fina	ncial support particulars (Rs.)	: !
	i.	Registration Charges	: 1500/
	ii.	Travelling Allowances	
	iii.	Membership Fee	13-
	iv.	Others (if any)	7
Da	ite:		Signature of the Staff Member
1.	Reco	ommendations of the HoD :	S. Mosnoth
2.	Reco	ommendations of the IQAC:	Quili
3.		ommendations of the Principal	Sanctioned Not Sanctioned
	-		Account Department

Accountant Date:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

			Date :_	1/12/18
	Debit to 9	Dr. Dal singh		
Paid to _	Dr Dal singh		a sum of Rs.	1500/-
Rupees_	efifteen hundred &	upees		Only
towards	39th Apstate	dental confue	nu	
by Cheque !	DD/Cash 1500/		# 1	J.F
Paid by	Approved by	Accountant	Rece	ived by



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Web: www.lids.ac.in. E-Mail: lidsrajahmundry@gmail.com. PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Na	me of the Staff Member	: Polymor
2. De	signation	: Dejonor
3. De	partment	of oral pathology
4. Co	nference/Publication/ Membersh	hip Fee/ Workshop /FDP Certificate Details:
7.77		-7/12/18 to 9/12/18
DateAsset	e and Duration of the Program ociating professional body/ Age	ncy: Ap state pental confunce
7. Fina	ncial support particulars (Rs.)	:
i.	Registration Charges	: 1500/-
ii.	Travelling Allowances	·
iii.	Membership Fee	:
iv.	Others (if any)	·
Date:	\$5000000000000000000000000000000000000	Signature of the Staff Member
1. Recor	mmendations of the HoD :	S. Nisorth
	nmendations of the IQAC:	Q Vile
	nmendations of the Principal:	Sanctioned Not Sanctioned
		Account Department

Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date: 1/2/18
	Debit to Dr. Jacob Prakach	
Paid to _	Dr Trub prakash a sum	of Rs. 1500/
Rupees_	fifteen hundred rupees	Only
towards	39th Apstate Dental Confuera	
by Cheque !	DD/Cash 1500}	
Paid by	Approved by Accountant	Reactored by



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Financial Support Request Letter

1. N	Name of the Staff Member	: Dr. Y. Harika
2. E	esignation	: Serior Lecturer
3. D	epartment	: of Prosthodontice
4. C	onference/Publication/ Members	ship Fee/ Workshop /FDP Certificate Details:
	te and Duration of the Program ociating professional body/ Age	: 7/12/18 - 9/12/18.
	incial support particulars (Rs.)	:
i.	Registration Charges	: Man -
ii.	Travelling Allowances	1 -
iii.	Membership Fee	: -
iv.	Others (if any)	:
Date:		Signature of the Staff Member
1. Recon	umendations of the HoD:	archilas
	mendations of the IQAC:	DA:
	mendations of the Principal:	QL
		Sanctioned/ Not Sanctioned
	A	eccount Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 30 11 18 Debit to Dr. y Hanka a sum of Rs. 1400 Paid to Dr. y Hanka Rupees one thousand and four hundred Rupees towards 29th Ap Hate dental Conference by Cheque / DD / Cash 1400 |-



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Financial Support Request Letter

1.	Name of the Staff Member	: br. B. Lakehman Rao	
2.	Designation	: HOD & Professor.	
3,	Department		
4.	Conference/Publication/ Membersl	hip Fee/ Workshop /FDP Certificate Details:	
5965	D. 10 1		
5.	- and Daramon of the Program	: 1/12/18 - 9/12/19	
6.	Associating professional body/ Age	ncy:	
7.	Financial support particulars (Rs.)	\$	
	i. Registration Charges	3000 -	
	ii. Travelling Allowances		
 Membership Fee Others (if any) 		: -	
Dat	e:	Signature of the Staff Member	
1.	Recommendations of the HoD:	delivered.	
	Recommendations of the IQAC:	Au:	
	Recommendations of the Principal:	()	
		Sanctioned/ Not Sanctioned	
_		Account Department	

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

	Date : 1 12 18	
	Debit to Dr. Blatshman vao	_
Paid to	Dr. Blakthman raw a sum of Rs 3000/-	-
	three thousand Rupees	بل
	39th AP state dental Conference	
by Cheque	1DD / Cash 3000 -	
Of.	Ashrowed by Accountant Received by	



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Financial Support Request Letter

	1. Na	ame of the Staff Member	: Dr. Nalayana lao
	2. De	signation	: Bolewa
	3. De	partment	: Of Conservative & Endodontic
150	4. Co		hip Fee/ Workshop /FDP Certificate Details: State Dental Confusice
	5. Dat	e and Duration of the Program	: 7/12/18 to 9/12/18
6			ncy: Apstate pental confessing
7		incial support particulars (Rs.)	:
	i.	Registration Charges	:1500/
	ii.	Travelling Allowances	·
	iii.	Membership Fee	£
	iv.	Others (if any)	
D	ate:		Signature of the Staff Member
1.	Reco	mmendations of the HoD :	S. Nicarth
2.	Reco	mmendations of the IQAC:	2 Cili
3.	Recor	mmendations of the Principal;	Point
			Sanctioned/ Not Sanctioned
			Account Department

500

Date:

Accountant :

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

7	Ph: 0883 - 2484492, Fax: 08	83 - 2484493
		Date: 1/12/18
	Debit to Dr. Nalayana	Rao
Paid to	Dinagana Ross	a sum of Rs. 1500/-
Rupees	fifteen hundred rupees	Only
towards	39th Apstate Dental confu	ina
by Cheque / D		
love	Con	Learne Pas
Patal by	Approved by Acou	tant Realised by



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Financial Support Request Letter

	1. Na	me of the Staff Member	: Dr. Naveen kumar
	2. De	signation	: Projenor & HOO
		partment	: of public health dentistr
	4. Co	nference/Publication/ Membersl	hip Fee/ Workshop /FDP Certificate Details: 39th AP dental Confusence
5	. Dat	e and Duration of the Program	: 7/12/18 to 9/12/18
6	. Ass	ociating professional body/ Age	ncy: AP clental conference
7		ancial support particulars (Rs.)	:
	i.	Registration Charges	: 1500/
	ii.	Travelling Allowances	
	iii.	Membership Fee	;
	iv.	Others (if any)	4
D	ate:		Signature of the Staff Member
1.	Reco	ommendations of the HoD :	C. Wicanth
2.		mmendations of the IQAC:	Q. Pill
3.		mmendations of the Principal:	Open
			Sanctioned/ Not Sanctioned
			Account Department

Accountant : A

KLR's LENORA INSTITUTE OF DENTAL SCIENCES
NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date: 1/12/18
	Debit to DI-Naveen	kumar
Paid to	Dr. Naveen kurnar	a sum of Rs. 1500/-
Rupees	-fifteen hundred supees	Only
towards	39th Ap Dental Confuence	No.
by Cheque / D	D/Cash 1500 -	
Open		2 - M - M
Paid by	Approved by Account	tant Received by



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Financial Support Request Letter

1. Name of the Staff Member	Dr. NIBHA
2. Designation	: Brofesson
3. Department	: of Parosthodontice
	hip Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	: 7/12/18-9/12/18.
Associating professional body/ Age	ncy:
7. Financial support particulars (Rs.)	:
 Registration Charges 	: 1400 -
ii. Travelling Allowances	-
iii. Membership Fee	: -
iv. Others (if any)	:
	Que 2
Date:	Signature of the Staff Member
1. Recommendations of the HoD:	achie
2. Recommendations of the IQAC:	Oh:
3. Recommendations of the Principal:	Ool
	Sanctioned/ Not Sanctioned
	Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 1/12/18

Paid to Dr. Nibha	a sum of Rs. 1400	1
Rupees on thou and four hundred	Ruples	Only
towards 39th Ap Hate dental Confer		**
by Cheque / DD / Cash 1400 -		



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Financial Support Request Letter

1. N	lame of the Staff Member	: Dr. Punitha
2. D	esignation	: Profusor
3. D	epartment	ef Pedodontics
4. Co		hip Fee/ Workshop /FDP Certificate Details: State Dental Confusion
5. Da	te and Duration of the Program	: 7/12/18 to 9/12/18
6. Ass	sociating professional body/ Age	ency: Ap state Dental Conference
	ancial support particulars (Rs.)	1
í.	Registration Charges	:1500/-
ii.	Travelling Allowances	÷
iii.	Membership Fee	\$ <u>\times_1000000000000000000000000000000000000</u>
iv.	Others (if any)	
Date:		Signature of the Staff Member
I. Reco	mmendations of the HoD :	S- Misarty
2. Recor	nmendations of the IQAC:	a liv
3. Recon	nmendations of the Principal:	Down
		Sanctioned Not Sanctioned
		Account Department

Accountant:

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph: 0883 - 2484492, Fax: 0883 - 2484493

	Ph: 0883 - 2484492, Fax:	Date: 1/12/18
	Debit to	ritha
Paid to _	Dr. punitha	a sum of Rs. 1500/-
Rupees	-fifteen hundred nipees	Onl
towards	39th Apdental conferen	u
by Cheque !	DD/Cash 1500/-	
Paid by	Approved by	Posouptant Received by



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Financial Support Request Letter

1	. N	ame of the Staff Member	: Pr.Ramesh
2	. D	esignation	Prokov (HOW)
3	. D	epartment	: of Revolantics
4	. Co	onference/Publication/ Membersh	hip Fee/ Workshop /FDP Certificate Details : 39th AP dental confuunts
5.		te and Duration of the Program sociating professional body/ Age	: 7/12/18 to 9/12/18 may: AP dental conference
7.		ancial support particulars (Rs.)	:
	i.	Registration Charges	: 15001_
	ii.	Travelling Allowances	:
	iii.	Membership Fee	
	iv.	Others (if any)	ř
Da	ite:		Signature of the Staff Member
1.	Rec	ommendations of the HoD :	S. Nieugh
2,	Rec	ommendations of the IQAC:	8 liv
3,		ommendations of the Principal:	Sanctioned Not Sanctioned
-		9	Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 1/12/18 Dr. Ramech Debit to a sum of Rs 1500 Dr. Ramein Paid to -fifteen hundred supees 39th Apdental conference 15001by Cheque / DD / Cash



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Financial Support Request Letter

1.	Nar	ne of the Staff Member	: Dr. T. Ramesh
2.	Des	ignation	Genio, lecturer
3.	Den	artment	d Rosthallantic
4.	Con	ference/Publication/ Membersh	hip Fee/ Workshop /FDP Certificate Details:
5.	Date	and Duration of the Program	: 7/12/18 to 9/12/18 ency: AP dental conference
6.			·
1.	i. ii.	ncial support particulars (Rs.) Registration Charges Travelling Allowances	: 150q-·
	iii.	Membership Fee	:
	iv.	Others (if any)	·
Da	ite:		Signature of the Staff Member
1.	-	ommendations of the HoD :	S. Nicorth
2.	Reco	mmendations of the IQAC:	Q.lill
3.	Reco	mmendations of the Principal	Sanctioned/ Not Sanctioned
	_		Account Department

Accountant : <

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1) 2/18 Dr. 7. Ramech Debit to a sum of Rs. 1500/-Dr. Ti Ramen Paid to Only -lifteen hundred supers 39th AP dental Conjunu towards by Cheque / DD / Cash 1500 -



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Financial Support Request Letter

I.	Name of the Staff Memb	er : Dr. Naven human
2.	Designation	: Refunct Mod
3. 4.	Department	Membership Fee/ Workshop /FDP Certificate Details:
5. 6. 7.	Date and Duration of the Associating professional Financial support particu i. Registration Char ii. Travelling Allow iii. Membership Fee iv. Others (if any)	Program: 7/12/18 to 9/12/18 body/Agency: Apslace pental conference. lars (Rs.): ges: 1500/- ances:
1. 2. 3.	Recommendations of the Recommendations of the Recommendations of the	e IQAC: Substitute of Principal: Sanctioned Not Sanctioned
		Account Department

Accountant :)

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 1/12/18

	i i	Dr. Marean Kur	1 2 2	g 5 ,	
Paid to	Naveen kuma	1	a sum of Rs.	1500/-	
Rupees_fi	Heen hundred or	ripees			_Only
towards 39	in Ap dental L	ontuence			4
by Cheque / DD /	Cash 1500		9 1	-	
BA.	Owy	PA	- *	0	
Paid by	Approved by	Accountage	nt Re	actored by	



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Financial Support Request Letter

1.	Nan	ne of the Staff Member	: Dr. Rupasree
2.	Desi	gnation	: Readis
3.	Dep	artment	: of Purodoutes
4.	Con	ference/Publication/ Membersh 39th	ip Fee/Workshop/FDP Certificate Details: - AP_state_dextalConfesence
5.	Date	and Duration of the Program	7/12/18 to 9/12/18
6.	Asso	ciating professional body/ Age	ncy: A p state doutal conference
7.	Fina	ncial support particulars (Rs.)	: 1500/-
	i.	Registration Charges	÷
	ii.	Travelling Allowances	1
	iii.	Membership Fee	:
	iv.	Others (if any)	*
Da	ite:		Signature of the Staff Member
1.		ommendations of the HoD :	8. Nisagn
2.	Reco	ommendations of the IQAC:	Q aii
3.		ommendations of the Principal	· Our
			Sanctioned/ Not Sanctioned
			Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 1/12/18

Debit to Dr. Cupasroe Paid to a sum of Rs. 15001 Dr. Rupaire fiften hundred supees 39th Ap state Dental confuence by Cheque / DD / Cash 15001



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Financial Support Request Letter

1.	Name of the Staff Member	Dr. Sprisha
2.	Designation	: Seniox Lecturer:
3.	Department	of Brosthadortics:
4.	Conference/Publication/ Membersh	nip Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	Flielia - 9/12/19
6.	Associating professional body/ Age	mev-
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1500
	ii. Travelling Allowances	13001-
	iii. Membership Fee	
	iv. Others (if any)	;
Dat	e:	Signature of the Staff Member
1.	Recommendations of the HoD :	alluation
2.	Recommendations of the IQAC:	ÖU
	Recommendations of the Principal	
_		Sanctioned/ Not Sanctioned
		Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

		Date:	1 12 18
	Debit to Dr.		
Paid to	Dr. Sirisha	a sum of Rs.	1500/-
	so thousand and flue		Only
towards	39th Ap State dental	Conference	- 1
	DD/Cash 1500/-		
Paid by	Approved by	Accountant	Sciozed by



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Financial Support Request Letter

1.	Nan	ne of the Staff Member	: Dr. Y. Sravanthi
2.	Desi	ignation	: Senior Iceturer
3,	Dep	artment	: of Parosthodontics
4.			ip Fee/ Workshop /FDP Certificate Details:
			: 7/12/18-9/12/18
5.		and Duration of the Program	
6.	Asso	ociating professional body/ Age	ncy:
7.	Fina	ncial support particulars (Rs.)	1
	i.	Registration Charges	: 15001-
	ii.	Travelling Allowances	•
	iii.	Membership Fee	:
	iv.	Others (if any)	:
Da	te:		Signature of the Staff Member
1.	Reco	ommendations of the HoD:	- Levelone
2.	Reco	ommendations of the IQAC:	U.G.
		ommendations of the Principal	· 0)
٥.	1000	minorations of the 1 morph	Sanctioned/ Not Sanctioned
	_		Account Department

Accountant : X Date:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 30 11/18

	Debit to Dr. y	Gravan+63	_
Paid to _	Dr.y (rauanthi	a sum of Rs 1500/-	Dnly
Rupees 0	ne thousand and five hur	notreus Rupell	muy
	39th Ap State Dental G	onference	
by Cheque /	DD/Cash 1500/-	de la companya de la	
Paid by	Approved by	accountant Resilved by	



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Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Suma BC
2.	Designation	Senior Lectured of Brosthodontice
3.	Department	: Of Piostingate Details:
4.	Conference/Publication/ Member 39th AP State	ership Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Progra	m : 7/12/18-9/12/19
6.	Associating professional body/	
7.	Financial support particulars (R	s.) :
	i. Registration Charges	: 1300 -
	ii. Travelling Allowances	
	iii. Membership Fee	
	iv. Others (if any)	***************************************
		Signature of the Staff Member
Da	ate:	1 . 0
1.	Recommendations of the HoD	- Jakutan
2.	Recommendations of the IQA	C:
3.	Recommendations of the Prince	Sanctioned/ Not Sanctioned
		Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

	Date: 1 12 18
Debit to _B	r. Suma BC
Paid to Dr. Luma BC	a sum of Rs. 1200/-
Rupees one thousand and	Three hundred Rupees Only
towards 39th Ap Hate den	
by Cheque / DD / Cash 1301	0/-
Paid by Approved by	Accountant Reactived by



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Financial Support Request Letter

: Dr. Vai Shnavi : Reodu : Of Oval & Monite favial anyon nbership Fee/ Workshop /FDP Certificate Details: SA th Al State dental confinen gram : 7/12/18 to 9/12/18 n/ Agency: Al state dental conference Rs.) : : 1500/-
: Of Oval & Monite facial puryage nbership Fee/ Workshop /FDP Certificate Details: 39 th Al State dental conference gram : 7/12/18 to 9/12/18 // Agency: Al State dental conference Rs.) : 1500/-
nbership Fee/Workshop/FDP Certificate Details: 1 SA th Al State dental conference gram: 7/12/18 to 9/12/18 VAgency: Al State dental conference (Rs.): 1500/-
nbership Fee/Workshop/FDP Certificate Details: 1 SA th Al State dental conference gram: 7/12/18 to 9/12/18 VAgency: Al State dental conference (Rs.): 1500/-
NAgency: AP state dental conference Rs.): : 1500/-
NAgency: AP state dental conference Rs.): : 1500/-
Rs.) :
÷
*
Signature of the Staff Member
S. Misanth
c: Q Peli
ipal: Ours
Sanctroned/ Not Sanctioned
(

Date:

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 1/12/18 Di Vaichnavi Debit to a sum of Rs. 1500/ Paid to Dr. Vaithnavi Only Rupees -fifteen hundred supers 39th Ap State Dental Conference towards 15001by Cheque / DD / Cash



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Financial Support Request Letter

: Dr. Ramesh Aminisetty
: Polymor & HOD
: of Periodontics
hip Fee/ Workshop /FDP Certificate Details: 43 rd National Annual confuent
: 5/10/18 to 7/10/18 ency: National Annual confuence
: 5500/
. 3304-:
*
3
ţ
Signature of the Staff Member
S. Wisanth
Q lie
,
Account Department

Date:

Accountant:

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph: 0883 - 2484492, Fax: 0883 - 2484493

		20	Date :_	29/9/18	
	Debit to D	r. Rameth Amin's	*	8 1.	
Pold to _	DI Rangeh Am	insetty as	um of Rs.	c500/-	_
Rupees_	-five thousand fi	ve hundred only	-	1	Only
towards	43rd National A	mual conference	A T		_
by Cheque /	DD/Cash5	500/-	7		
Paid by	Approved by	Accouptant	Rea	eived by	- 1



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Financial Support Request Letter

1.	Nan	ne of the Staff Member	: Dr. Rupasrce Gundala
2.	Desi	gnation	: Reader
3.	Dep	artment	: of fuidates
4.	Con	ference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details: 43vd National Annual confinence
5. 6.	Date	and Duration of the Program	: 5/10/18 to 7/10/18 ncy: National Annual conference
7.		ncial support particulars (Rs.)	İ
	i,	Registration Charges	: 5500/
	ii.	Travelling Allowances	
	iii.	Membership Fee	f
	iv.	Others (if any)	:
Da	ite:		Signature of the Staff Member
1.	Reco	ommendations of the HoD :	a. C. Misanth
2.	Reco	ommendations of the IQAC:	Q Vill
3.	Reco	ommendations of the Principal	Sanctioned Not Sanctioned
			Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

	Date: 29/9/18	_
	Debit to Dr. Rupairee Gundala	
Paid to _	Dr. Rupasne Gundala a sum of Rs. 5500/-	
Rupees_	five thousand five hundred supees	Only
towards	43rd National Annual Confuence	
by Cheque !	DD/Cash 5500 -	
Char	Approved by Accountant Received by	
Paid by	Approved by Accountant Received by	



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Financial Support Request Letter

I.	Name of	the Staff Member	· Dr · Akhil
2.	Designati	ion	: Enix between
3.	Departme	ent	el public health dentistry
4.	Conferen	ce/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details : h In PHD National Paconvention
5.		Duration of the Program	: 22 6 15 to 23 6 18 ncy: IAPHD
7		support particulars (Rs.)	*
::		egistration Charges	: 4000]-
		avelling Allowances	*
	5334 	embership Fee	*
	Witten Diffe	hers (if any)	1601
Da	ite:		Signature of the Staff Member
1.		endations of the HoD:	Olli
2.		endations of the IQAC:	Down
3.	Recomme	ndations of the Principal	Sanctioned Not Sanctioned
			Account Department

Accountant : /

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 15/6/18 Debit to St Akhil a sum of Rs 4000/-Paid to Dr. Akhil Only our thousand upees 12th IAPHD National Paconvention towards by Cheque /DD / Cash 4000/-



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

 Name of the Staff Member 	: Dr. Oc Naidn
2. Designation	: Readed
Department	: of orthodootics.
4. Conference/Publication/ Members	ship Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	The state of the s
Associating professional body/ Age	ency:
7. Financial support particulars (Rs.)	4
 Registration Charges 	: 5500
ii. Travelling Allowances	
iii. Membership Fee	
iv. Others (if any)	-
Date:	Signature of the Staff Member
. Recommendations of the HoD	2 DWOV
Recommendations of the IQAC:	Our.
Recommendations of the Principal:	and a
•	Sanctioned/ Not Sanctioned
	Account Department

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 156 18

	Debit to Dr. D		E 1 /5
Paid to	Dr. De Naidu	a sum of Rs_	500/-
	fire thousand ome free	hundred Rupers	Only
	12th IAPHO national		
by Cheque	1DD/Cash_ (500/-	***	

Paid by

Approved by

Accountant

Received by



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Financial Support Request Letter

1.	Nam	e of the Staff Member	Dr. Jacob prakash		
2.	Desi	gnation	Poternox		
3.	Depa	urtment	d oral pathology		
4.	Conf	erence/Publication/ Membersh	ip Fee/Workshop/FDP Certificate Détails : h TAPHD Notional Py convention		
5. 6.		and Duration of the Program ciating professional body/ Age	: 22/6/18 to 23/6/18 ncy: DAPHD		
7.	Fina	ncial support particulars (Rs.)			
	i.	Registration Charges	: <u>uooo/-</u> :		
	ii.	Travelling Allowances	:		
	iii.	Membership Fee			
	iv.	Others (if any)			
Da	ıte:		Signature of the Staff Member		
1.	Rece	ommendations of the HoD :	a. C. Nlisauth		
2.	Rece	ommendations of the IQAC:	8 lill		
3.		ommendations of the Principal	:Sanctioned Not Sanctioned		
	_		Account Department		

Accountant :_

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

		Date : 15/6/18	4
	Debit to Dr Jawb		
Paid to _	Dr. Tacob prakach	a sum of Rs. 4000)-	9
Rupees_	four thousand nipees		Only
towards	12th JAPHO National Po	n Convention	4
by Cheque !	DD/Cash 4000/-		N
Day	Cooper	By Redetored by	ocia
Paid by	Approved by Aco	nontant Received by	



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Financial Support Request Letter

1.	Nam	ne of the Staff Member	: Dr. B.	Lakshman Rav.	
2,	2. Designation		: Professor & HOD.		
3.	Dep	artment		sthodontics.	
4.		ference/Publication/ Membersh J2th	ip Fee/ Worksho		
5.	Date	and Duration of the Program	: 22 6	18 - 23/6/18.	
6.	Asso	ciating professional body/ Age	ncy:		
7.	Financial support particulars (Rs.)		:		
	i.	Registration Charges	:5	5001-	
	ii.	Travelling Allowances	:		
	iii.	Membership Fee	:	<u> </u>	
	iv.	Others (if any)	:	- p::::::::::::::::::::::::::::::::::::	
Da	ıte:			Signature of the Staff Member	
_		904-0000 - 0004-404 HMOHAN-WY	1		
I.	Reco	ommendations of the HoD:	Jacom de	·	
2.	Reco	ommendations of the IQAC:	A/131	ξ	
3.	Reco	ommendations of the Principa	1: / But		
				Sanctioned/ Not Sanctioned	
	-		Account De	partment	

Accountant

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

	Debit to Dr. B	Lakethman Par
Paid to_	Dr. B. Lakshman Pa	a sum of Rs. 5500].
Rupees_	Five thousand five h	undred super
towards _	12th IAPHO Nationa	1 Pg Convention
by Cheque	1DD/Cash 5500 -	
		Sacountant Received by

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(45)		Date: 15 6 15
	Debit to Dr. B. Lakest	man Pan.
Paid to	Dr. B. Lakshman Ras	a sum of Rs. 5500).
Rupees_	Five thousand five hundr	ed supece Only
towards _	12th IAPHO National PG	Convention
by Cheque	1DD/Cash 5500 -	
Λ.	0	1 mulas

Hosountant

Received by



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Financial Support Request Letter

1.	Name	e of the Staff Member	· Or Manaus Pas
2.		gnation	: Dr. Navayana Rao : Pelmor
3.	Depar	rtment	
4.	Confe	erence/Publication/ Membersh	: the conservative and endodontion in Fee! Workshop /FDP Certificate Details: IRPHD National Py convention
5. 6.		and Duration of the Program	: 22/6/18 to 23/6/18
7.		cial support particulars (Rs.) Registration Charges Travelling Allowances Membership Fee Others (if any)	: 4000/ :
Da	ate:		Signature of the Staff Member
1. 2.	Recor	mmendations of the HoD:	Q lele Misneth
		mmendations of the Principal	Sanctioned Not Sanctioned Account Department

Accountant : 5

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date: 15/6/18
	Debit to Dr. Nalayas	na Roo
Paid to _	Dt. Navayana RoD	a sum of Rs. 4000/-
Rupees_	four thousand supers	Only
towards	12th TAPHA National Pa	convention
by Cheque /	DD / Cash 4000/-	
PAR	Approved by Aco	Sountant Received by
Pald by	Approved by Aco	ountant Received by



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Financial Support Request Letter

2. D	ame of the Staff Member esignation epartment onference/Publication/ Membershi	Peader: Bf Brosthodontics. p Fee/ Workshop /FDP Certificate Details:
6. A	i. Membership Fee	55560 -
Date	is	Signature of the Staff Member
2. R	Recommendations of the HoD: Recommendations of the IQAC: Recommendations of the Principal	Sanctioned/ Not Sanctioned Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

Date: 166 #8

Paid to		to <u>Dr. Narei</u>	a sum of Rs.	5500/-
the state of the s		of five hundred		Oni
towards	12th IAP#1	national PG	Convention	
	DD / Cash		4 § E	

Part by

Approved by

Accountant

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Financial Support Request Letter

1.	Nam	e of the Staff Member	: Dr. DAL singh V
2.	Desig	gnation	: pml & Hop
3.	Depa	artment	: oral & Manillo find Su
4.	Conf		ip Fee/ Workshop /FDP Certificate Details:
5. 6.		and Duration of the Program	: 11to 13th october 2018 ney: AOMSZ
7.		Registration Charges Travelling Allowances Membership Fee Others (if any)	Signature of the Staff Member
D	ate:	-278-178-2	076
1. 2. 3.	Rec	ommendations of the HoD: ommendations of the IQAC: ommendations of the Principal	N. Dalmsky K. Skipuv Sanctioned Not Sanctioned
	_		Account Department

Accountant Date:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

	Debit	to	Dr. y. Da		10/2011	1
Paid to	Dr.V. D	alsi y	h	a sum of Rs.	7000	<u> -</u>
Rupees	Su	nee '	the mond	Rupeeno		_Only
towards	est	ZND	0- JAPAN	CONFERE	VCE -	4
by Cheque / I	D/ Cash_	1	70001-	4		B

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Approved by

Accountant

Received by



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Financial Support Request Letter

1.	Nam	ne of the Staff Member	: Dr. T. Mohan
2.	Desi	gnation	: professo
3.	Depa	artment	: prostladontro
4,	Conf	ference/Publication/ Membersh	hip Fee/ Workshop/FDP Certificate Details: Indian profluctorilar So very Conferma
5.	Date	and Duration of the Program	: 15th to 18th NOV 2019
6.	Asso	ciating professional body/ Age	ency: 7.0S
7.	Fina	ncial support particulars (Rs.)	- 1
	i.	Registration Charges	5 3 30 1 -
	ii.	Travelling Allowances	;
	iii.	Membership Fee	i
	iv.	Others (if any)	:
Da	ite:		Signature of the Staff Member
1.		ommendations of the HoD:	patelinetes
2.	Reco	ommendations of the IQAC:	le rider
3.	Reco	ommendations of the Principal	Sanctioned Sanctioned
			Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

			Date :_	10/11/2018
	2	ebit to Dr. T.	Mohan	
Pold to _	DIT	Mohan	a sum of Rs	53321-
Rupees Fi	we thouse	and three hundr	red and thirty rupe	e's Only
towards	46th	Mational Com	plerence of IPS,	Manglore.
	DD / Cash_	5332/-		

Park

Approved by

Accountant

Reserved by



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Web: www.lids.ac.in, E-Mail: ilds.nc.in, E-Mail: <a hre

Financial Support Request Letter

1.	Nan	ne of the Staff Member	: Dr a Rupasu
2.	Des	ignation	: Reader
3.	Dep	artment	: periodontus
4.	Con		nip Fee/ Workshop /FDP Certificate Details:
5.	Date	and Duration of the Program	: 5-70choperson
6.		ociating professional body/ Age	
7.		ncial support particulars (Rs.)	
	i.	Registration Charges	: 26661-
	ii.	Travelling Allowances	
	iii.	Membership Fee	:
	iv.	Others (if any)	:
Da	ate:		G. Rupasren Signature of the Staff Member
1.	Reco	ommendations of the HoD :	G. Ruparen
2.	Reco	ommendations of the IQAC:	Korli
3.		ommendations of the Principal	
			Account Department

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

				Dat	29/9/	18
		Debit to	- 11	A Late of		9 1
Paid to	Do. 6	Pupasrae. G	7	a sum of	Rs. 266	661-
Rupees	Two +	housand 8	no hundred	and Stroty	8°x	Only
towards _	43°d	National	Conference	of ISP,	Chandige	agh
		2666		4		
011		Cuck	26) O	R. D. Su	By.

Approved by

Hocountant



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Financial Support Request Letter

	iv.	Others (if any)	;
	n. iii.	Travelling Allowances Membership Fee	:
	i. ii.	Registration Charges	: 2666/-
7.		ial support particulars (Rs.)	
5. 6.		nd Duration of the Program ating professional body/ Age	_
	Deta-		1 d National Annual Conferna
4.	Confer	ence/Publication/ Membersh	hip Fee/ Workshop /FDP Certificate Details:
3.	Depart		: prof & HoD : periodiontro
2.	Name of Design		: Dr. A. Ramish

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date: 29/9/18
	Debit to _	Por Ramost. A
		a sum of Rs. 2666/-
Rupees_	Two florsand	and six hunted and six by six ingreonly
towards _	43rd Mational	Enference of 85P. Chandigach
by Cheque		5666
	0 0	
Pour by	Approved by	Accountant Received by



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Financial Support Request Letter

1.	Nam	e of the Staff Member	: Dr. M. safyam			
2.	Desi	gnation	: Reader			
3.	Depa	artment	: pedodonhip			
4.			nip Fee/ Workshop /FDP Certificate Details:			
5.	Date	and Duration of the Program	: 7th 1th Dec 2018			
6.		이 20일 다른 아이에 나를 가면 하면 하는 것이다면 하는 것이다면 하는 것이다면 하는 것이다면 하는 것이다.	ncy: ApsDC/SPD			
7.		ncial support particulars (Rs.)	:			
15.0.	i.	Registration Charges	: 15001-			
	ii.	Travelling Allowances	ļ			
	iii.	Membership Fee	:			
	iv.	Others (if any)	;			
Da	ıte:		Signature of the Staff Member			
1.	Reco	ommendations of the HoD:	Hale			
2.	2. Recommendations of the IQAC: U. W.					
3.	Recommendations of the Principal: Sanctioned Not Sanctioned					
	_	Account Department				

Accountant :

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

		Date: 1/12/2018
	Debit to Dr. M.	satyam
Paid to _	Dr. M. Satyam	a sum of Rs. 1500/-
Rupees	fill hadred	bywaly only
towards	39th Aps 10 Con	V.
by Cheque 19		



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Financial Support Request Letter

1.	Name of the Staff Member	: Dr. MInol Babu
2.	Designation	professol
3.	Department	: pedodonhim
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
5. 6.	Date and Duration of the Program Associating professional body/ Age	: 7 to 9 Dec 2018
7.	i. Registration Charges ii. Travelling Allowances iii. Membership Fee iv. Others (if any)	Signature of the Staff Member
-	ite:	
1. 2. 3.	Recommendations of the HoD: Recommendations of the IQAC: Recommendations of the Principal	Sanctioned Not Sanctioned
		Account Department

Accountant:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

			Date: 1/12/20	13
	Debit to	· Mind Bebu	11	
Paid to	1500 /- Dr.1	lind Beby a sum	of Rs. 1500 1-	_
Rupees	Fiffer	fundered Ry	only o	Only
towards	39th Ap	S D configurate		_
by Chaque / D	D / Cash			_
Para by	Approved by	Accountant	Received by	